

Proposed Recommendations for Adolescent Vaccination

National Vaccine Advisory Committee
Adolescent Working Group
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Adolescent Recommendations

- Venue/Healthcare Utilization
- Consent
- Communication/Public Engagement
- Financing
- Surveillance
- School Mandates

Venue/Healthcare Utilization

Background

- Several organizations recommend that adolescents receive primary care within a medical home
- Adolescents make few preventive healthcare visits
 - Younger adolescents more likely to visit traditional venues
 - Older adolescents infrequently seek care and less often in traditional settings

A. Medical Home

1. Promote and strengthen delivery of vaccination services in the medical home during both preventive care and non-preventive care visits.
 - a. All medical home visits by adolescents should be considered opportunities for immunization and, if no immunizations are due, for counseling about upcoming immunizations.

Venue/HC Utilization

A. Medical Home cont.

- b. Immunizations should be administered at the earliest opportunity consistent with ACIP recommendations.
- c. Health care professionals should simultaneously administer as many indicated vaccine doses as possible.
- d. All providers administering vaccinations to adolescents should participate in Immunization Information Systems (IIS).

Venue/HC Utilization

A. Medical Home cont.

2. Conduct research to identify effective strategies to increase utilization of recommended preventive healthcare visits and promote adolescents' receipt of all immunizations as recommended by the ACIP.

B. Settings Complementary to the Medical Home

1. Determine the feasibility and acceptability of vaccinating adolescents in US settings complementary to the medical home.
 - a. Evaluation and research objectives should:
 - i. Include assessments of existing infrastructure, opportunity costs (e.g., for local public health), and comparative cost-effectiveness.
 - ii. Focus on the general adolescent population as well as sub-populations which may be particularly challenging to reach, educate, and vaccinate, yet most vulnerable to vaccine-preventable diseases.

Venue/HC Utilization

B. Complementary Settings cont.

2. Promote and facilitate implementation of vaccination services in complementary settings shown to be appropriate and effective (based on the research conducted in #1 above). As part of the implementation, each setting should have a plan for partnering with every patient's medical home.
3. Promote and facilitate full participation in Immunization Information Systems (IIS) among all providers administering vaccinations to adolescents.

Venue/HC Utilization

B. Complementary Settings cont.

4. Continue to monitor patterns of healthcare utilization by adolescents over time in order to:
 - a. Document evolving healthcare utilization patterns
 - b. Identify additional venues that may be appropriate for adolescent vaccination services
 - c. Evaluate correlations between preventive care visits and opportunistic vaccination at non-preventive care visits with adolescent immunization rates
 - d. Ensure resources used to provide vaccination services in complementary settings are being employed effectively

Consent

Background

- Some adolescents may be receiving health care in situations where parental or guardian consent is not easily available
- All 50 states and the District of Columbia have laws related to health care consent by minors

Consent

1. Whoever is providing consent for vaccination of a minor should receive the Vaccine Information Statement.
2. Adolescents should be fully informed regarding the benefits and any potential risks associated with vaccines they receive, regardless of the individual consent laws in each state.

Consent cont.

3. When consent barriers are perceived, providers should check with their state immunization program to learn more about their state adolescent consent laws.

Communication/ Public Engagement

Background

- Knowledge of adolescent vaccines is low among parents and adolescents
- Communications efforts are needed
 - Help families make health care decisions
 - Help health care professionals with quality immunization delivery

Communication

1. Targeting messages. Messages should be carefully targeted for audience needs.
 - a. Messages should be designed to address target audiences that are in greatest need of the information.
 - b. Messages should address needs at each of the stages of change of the target audience.
 - c. Messages for adolescents should be targeted for the adolescent's specific developmental level.
 - d. Messages for health care professionals should be targeted for their licensure (e.g., MD, NP, RN, etc.) and specialty (e.g., OB-GYN, Pediatrics, Family Physician).

Communication cont.

2. Quality. The adolescent immunization communication efforts should be of high quality. Pre-release testing should assess for the quality of the communication. Factors to be considered include:
 - Scientifically correct and appropriately thorough
 - Relevance to the needs of target audiences
 - Attractiveness
 - Appropriateness for audience based on age, sex, race, ethnicity, language, and health literacy

Communication cont.

3. Collaboration. Organizations involved in adolescent immunization should learn from and collaborate with a broad spectrum of groups that have interest and expertise in immunization and/or communication to youth and their parents.

Communication cont.

4. Research. Communication of adolescent immunization should be informed by methodologically sound research on the target population's knowledge/ understanding, awareness, attitudes, and concerns about adolescent immunization.
 - a. Results of formative research should be communicated broadly (e.g., peer review publication, inclusion on a federal website)
 - b. Longitudinal surveillance mechanisms should be established in order to determine family and health professional perspectives.
 - c. Ad hoc studies on 'hot topics' should be supported in order to determine family and health professional perspectives.

Communication cont.

5. Dissemination. A wide range of venues and media outlets should be utilized to reach target audiences.
 - a. Important communication about adolescent immunization should occur within the medical home and other venues where adolescents receive care.
 - b. Training and materials for use by primary care health care professionals should be readily available and free.
 - c. Compensation for the time health care professionals spend communicating to parents and adolescents about the vaccines should be fair.
 - d. Along with traditional advertising media, organizational media (e.g., newsletters), and new media (e.g., email, text messages, YouTube), non-traditional modes should be utilized (e.g. product placement).

Financing

Background

- Vaccines recommended for adolescents are expensive
- Fewer adolescents have health insurance
- Fewer adolescents are eligible for VFC compared to children

Financing

1. All public and private health insurance plans should offer first-dollar coverage of all costs associated with the acquisition, handling, storage and administration of all vaccines recommended for routine and “catch-up” use among adolescents by the Advisory Committee on Immunization Practices (ACIP). Vaccine administration costs should be calculated to include the value of time and materials needed for patient / parent education and for record keeping.

Financing cont.

2. Provision of Federal and State tax incentives for insurance carriers and other entities (such as employers who purchase health insurance for their employees) should be explored as an effort to stimulate compliance with the foregoing recommendations on insurance coverage of immunizations.

Financing cont.

3. National legislation to mandate first-dollar insurance coverage of ACIP recommended adolescent vaccines (and associated vaccination costs) in all health plans covered by the Employee Retirement Income Security Act (ERISA) and in all health plans serving federal employees.

Financing cont.

4. Substantially decreased time from creation to official publication of ACIP recommendations.
5. Significant expansion of Public Health Services Act 317 funding to support the additional national, state and local public health infrastructure needed for adolescent immunizations

Financing cont.

6. Refining of the Vaccines for Children (VFC) program so that all VFC-enrolled providers are allowed to use VFC vaccine to vaccinate adolescents who are underinsured for one or more of the recommended vaccines and who cannot otherwise afford to be vaccinated.

Financing cont.

7. Funding to ensure that all costs (including those incurred by the schools) associated with adolescent immunization mandates for school attendance are covered.
8. Shared public and private sector approaches to funding school-based and other alternative-venue adolescent immunization efforts.

Financing cont.

9. On-going federal funding for cost-benefit studies of vaccinations targeted for adolescents.
10. Careful implementation of the foregoing recommendations so that the private market for vaccines is not destroyed or substantially decreased.

Surveillance

Background

- Surveillance data are essential to
 - demonstrating the usefulness of immunizations
 - Identifying issues including health disparities

Surveillance

1. Surveillance for vaccine coverage
 - a. Longitudinal measurement of vaccine coverage among adolescents requires sustainable systems
 - b. Surveillance systems should be sustained or developed that are able to measure coverage by:
 - Year, State, Age, Antigen, Race/Ethnicity, Healthcare coverage status

Surveillance cont.

- c. Efforts should be made to measure coverage among groups at risk, including incarcerated, substance using, homeless and pregnant youth.
- d. Well-defined coverage targets should be developed for vaccinations routinely recommended for administration to adolescents. National indicators are needed in the following areas:
 - i. Vaccination coverage
 - ii. Immunization Information Systems (e.g. adolescent participation rate, provider reporting rate for adolescent vaccines, etc)
 - iii. Health Plan Employer Data and Information Set (HEDIS) measures on Adolescent Immunization Status (i.e., HEDIS measures should be updated to reflect current adolescent recommendations)

Surveillance cont.

2. Surveillance for disease burden

- a. Ongoing measurement of vaccine-preventable disease burdens should include reportable and non-reportable conditions. Standardized case definitions should be employed, and to the extent possible, cases should be confirmed by the appropriate laboratory test. For some diseases (e.g., meningococcal disease), specific surveillance to track trends among serogroups is needed. Both passive and active surveillance may be needed for some vaccine-preventable diseases.
- b. Impact of adolescent immunization outside of the target age group needs to be considered, especially for pertussis.

Surveillance cont.

- c. For some pathogens, including human papillomavirus and varicella-zoster viruses, both short term and long term outcomes should be measured.
- d. Surveillance should be updated to anticipate new indications and new antigens. This will allow establishment of baseline infection /disease rates and facilitate future assessments of vaccination impact.
- e. Data should be collected with sufficient detail that changes can be correlated with vaccination rates.

Surveillance cont.

3. Monitoring for vaccine safety and vaccine associated adverse events
 - a. Surveillance and hypothesis testing systems should include adequate numbers of adolescents to detect and evaluate safety signals.
 - b. Research should anticipate the conditions that frequently arise during adolescence that might be considered as potential adverse events. Definitions and background rates should be developed in advance for these conditions and disorders.

Surveillance cont.

4. All surveillance systems supporting adolescent immunization
 - a. These systems should reflect the qualities of any effective surveillance system: They should be timely, representative, consistent, accurate, and the results should be widely disseminated in a timely manner to influence policy and practice. The systems should adapt to and take advantage of changing technologies.
 - b. For surveillance systems to work, all healthcare providers delivering immunizations to adolescents in communities and other settings (e.g., military, corrections facilities, colleges) should be provided with education regarding the importance of disease reporting, adverse event reporting, and participating in immunization information systems (IIS).

School Mandates

Background

- School mandates have been credited with helping the US:
 - Achieve high childhood vaccination coverage
 - Achieve low rates of vaccine preventable diseases
- October NVAC meeting approved recommendations regarding school mandates

School Mandates

1. Partnership. Secure the input and partnership of state and local immunization program personnel and adolescent healthcare providers in drafting legislation/regulation regarding mandating adolescent vaccines. Work closely with school administrators and school health personnel to ensure that potential school-level administrative and enforcement burdens are minimized.

School Mandates cont.

2. Infrastructure and Financing. Use the expert input of partners to address infrastructure issues that may impact the implementation of an adolescent vaccine mandate. These include such issues as: vaccine purchasing, supply, storage, safety profile, uptake, and target population. Identify and plan for all direct and indirect costs of vaccine administration, including adequate provider reimbursement and costs associated with implementing a new mandate, to ensure equitable access to mandated vaccines.

School Mandates cont.

3. Consistency. Look for ways to incorporate new mandates as seamlessly as possible into existing vaccine legislation/regulation, and ensure that new mandates do not contradict existing legislation/regulation in areas such as reporting of coverage levels, penalties for non-compliance (e.g., being held out of school), and immunization information system reporting requirements. Consistency with existing policies may also minimize vaccine-specific or convenience exemptions when a new vaccine is introduced.

School Mandates cont.

4. Support. Ensure that adequate political and public support exists before incorporating an adolescent vaccine mandate into existing state legislation/regulation. Education of parents and healthcare providers on vaccines, vaccine-preventable diseases, and mandates is encouraged to secure public understanding and support, increase voluntary uptake, and to minimize the administrative burden on school health personnel.